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ABSTRACT

Within the last decade, the topic of caregiving in the United States has been recognized as a significant social problem. Not only is caregiving itself a social problem, but there are a number of closely related issues such as stress and abuse which are problems in and of themselves. This study focused on public attitudes and concerns regarding the status of older adults in "Middletown." The areas of concern included government responsibility and intervention, caregiving and associated stress, and elder mistreatment. Annually, Ball State's Department of Sociology conducts the Middletown Area Survey. The data were obtained from 418 randomly selected telephone surveys. The sample ranged in age from 17 to 87 with a mean age of 43. The researchers posited that given the considerable range, age would have a significant influence on responses. The respondents expressed a wide variety of opinions and outlooks on the status and condition of older adults. Most agreed that providing long-term care in one's home for an older family member would be frustrating. Most agreed that the government should do more to help elders who cannot look after themselves. Many expressed the view that families should be willing to make financial sacrifices to place an older family member in a nursing home if they cannot be cared for at home. It was found that age did not play a consistent role in determining the respondents' attitudes. (LLL)

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ATTITUDES TOWARD THE PROBLEMS AND STATUS OF OLDER ADULTS IN MIDDLETOWN

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The following paper evolved out of our presentation to the 1990 National Forum on Research in Aging (Morris and Blakely, 1990). That discussion examined various aspects of public awareness, concern and responses to the mistreatment of older adults.

During the 1980s, the topic of informal caregiving has become of increasing interest and concern to scholars, government policy makers, and the public in general. U.S. House and Senate special committees have addressed the issue; Newsweek has presented articles on the subject; and a considerable amount of scholarly commentary and research has appeared in prestigious gerontology journals.

Within the last decade, the topic of caregiving in the U.S. has been recognized as a significant social problem. That is, we have seen the awareness or recognition on the part of either "significant people" or a significant number of people that an undesirable situation exists which may be a threat to the well-being of society and requires a collective solution or remedy. Not only is caregiving itself a social problem, but there are a number of closely related issues such as stress and abuse which are problems in and of themselves.

It has been observed (Hoover, 1976) that the classic works of the Lynds and later Caplow's "Middletown III" study placed little or no emphasis on examining the lives, status, roles, or problems of older Middletowners. Previous studies by the author (Morris, 1991, 1990, 1988) have analyzed older parent-offspring relationships, subjective well-being, and religious involvement of those older adults.

This paper focuses upon public attitudes and concerns regarding the status of older adults in "Middletown." The areas of concern include government responsibility and intervention, caregiving and associated stress, and elder mistreatment.

LITERATURE AND RELATED OBSERVATIONS

If one examines for example, the last two or three years of The Gerontologist it becomes abundantly clear that a wide variety of scholarly (and applied) study and analysis has been devoted to caregiving. By way of illustration, the many analyses of caregiving and stress led Zarit to ask in 1989, "do we need another 'stress and caregiving study?'" George (1990) concluded that we still have more to learn about caregiver stress and that new knowledge needs to be provided by such studies.

As noted by Pearlin and colleagues (1990), stress must be seen as the result of a complex process which consists of a number of interrelated situations or conditions. It is no longer sufficient to view stress as a simplistic, one-dimensional consequence of caregiving activities.

Recently, commenting on the study of caregiver intervention programs, Haley (1991) points out that there is a great deal of skepticism regarding further research in the area. He incisively notes that for some, this is tantamount to "rearranging the deck chairs on the Titanic, pushing for small methodological refinements or marginally more effective programs", (p. 7). Haley does not accept this view; rather, gerontologists should be looking at the history of advances in other areas of intervention, such as head start, to get a sense of where we should go in the years ahead.

Smith, Smith and Toseland (1991) have enumerated 14 problem areas identified by family caregivers who are in counseling. The problem area are subsumed under the headings of Improving Coping Skills, Dealing with Stress, Family Issues, Responding to Elder's Care Needs, Quality of Relationship with Elder, Eliciting Formal and Informal Support, Guilt and Feelings of Anxiety, and Long-term Planning (see Figure 1).

Thus far, in the four 1991 issues of the The Gerontologist, at least 14 articles or discussions have specifically focused on the area of caregiving. It would appear that the gerontological research community is and will continue to vigorously pursue this timely topic.

Caregiving and related issues have also come to the attention of the nation's legislators. A study by Select Committee on Aging of the House of Representatives (1988) asserts that the contemporary family is as committed as ever to the care of dependent family members.

The Special Committee On Aging of The United States Senate (1987) reported that the "lion's share" of caregiving is provided by friends or family (especially women) and that formal or paid caregiving is an act of last resort. That same committee concluded that the belief that the family is indifferent to those who are in need of care is a cultural fiction (as Brody has noted, it is the sometimes persistent "myth of abandonment"). This same report notes that the changing supply of informal caregivers may not auger well for the future. The impact of lower birth rates, divorce rates, and number of women employed

outside the home may have drastic impacts on current patterns of family assistance and informal caregiving.

The Select Committee on Aging of The House of Representatives (1990) notes that the major social problems of elder abuse and mistreatment are to some degree linked to family stress which results from the demands of caregiving. Questions then arise as to appropriate and effective intervention, resolution, and prevention of such situations.

It is not only caregivers, scholars, and policy makers who are aware of these problems. The public at large is now being exposed to the concerns of caregiving. In the July 16, 1990 issue of Newsweek ("The Daughter Track"), a considerable number of pages were devoted to the manifold problems and pressures of caregiving responsibilities which devolve especially upon women. "How to do it" books by Silverstone and Hyman (1978) and Shelley (1988) apprise us of how to deal with the aging parents. Consequently, it appears that both a significant number of people and a number of significant people have become more aware of the concerns of caregivers and caregiving in contemporary America.

As will be seen, Middletowners appear to have very definite attitudes and opinions regarding the problems faced by older adults. This paper will examine in detail the relationships and interrelationships which unfold in this arena of interest and concern.

THE SAMPLE

Annually, Ball State's Department of Sociology conducts the Middletown Area Survey. The data were obtained from 418 randomly selected telephone surveys with respondents 18 years of age and

older. The respondents were selected by a computerized random-digit-dialing procedure which includes only those telephone exchanges and blocks in service. The phone numbers are selected on the basis of proportional distribution of exchanges and blocks. By utilizing this procedure, unlisted numbers are included in the sample. Furthermore, a great deal of phone time is saved by not contacting unutilized blocks.

CHARACTERISTICS OF THE SAMPLE

The sample ranges in age from 17 to 87 with a mean age of about 43. Forty-five percent are male; fifty-five percent are female. Some 43 percent have at least a high school education with 21 percent having attended some college. Those with at least 4 years of college constitute 20 percent of the respondents.

Approximately 47 percent have household incomes of $20,000 per year or less; the modal income category is $30,001 to $50,000 (23 percent). Nearly 13 percent of those responding have incomes exceeding $50,000 per year.

FINDINGS

As noted, these Middletowners were asked a variety of Likert-type questions which focused upon concerns regarding the status and problems of older adults. Table 1 shows the distribution of responses to those items. We posited that given the considerable range, age would have a significant influence on those responses.

Responses to the first item indicate that the vast majority (almost 80 percent) generally agree that during their lifetime,

they expect to see more tax monies spent on programs for the aged. This does not necessarily mean that they would like to see a greater expenditure of such monies; it may indicate however that these people have a rather accurate perception of the demographic direction in which our society is going and the political implications thereof(it has been said that, "demography is destiny"). The sample was (somewhat arbitrarily) dichotomized into those 65 and older and those less than 65 years of age. While those less than 65 were more likely to agree, there was no statistically significant difference between the two age groups on this item.

In examining the second item, most of those responding (nearly 65 percent) generally agree that providing long term care in one's home for an older family member would bee extremely frustrating. There seems to be an appreciation and awareness of the high level of stress involved in such home-based, informal caregiving. It is likely that either direct experience or awareness of others who have such responsibilities serves as an alerting factor. Again, here age had no effect on the responses.

When asked if they were more concerned about child abuse in contrast to elder abuse, the sample seems to be a bit more ambivalent; they "waffle" more on this issue. While 40 percent generally agree that child abuse is of greater concern, almost 31 percent express neutrality on the matter. A little over 29 percent disagreed. Although age did not play a significant role here, it is interesting to note that those 65 and older expressed a bit more concern about child abuse than did their younger counterparts.

It should be noted in Table 2 that when asked specifically about their perception of the seriousness of elder mistreatment locally, the largest single response category (38 percent) indicated neutrality with some 28 percent on the serious side, 34 percent on the not serious side. Age was not a significant variable on this item.

The responses seen in Table 3 indicate that when asked about the seriousness of spousal, elder and child abuse throughout the local area, about 56 percent identified child abuse as the most serious problem. Spousal abuse ranked second and elder abuse came in a rather distant third. Overall, one may conclude that while no form of abuse is desirable, abuse of children seems to be a more salient concern, other things being equal. **No one** 65 and older stated that elder abuse is more serious than child abuse. In comparison, the 65 plus group does tend to see all three type of abuse as being equally serious.

Reactions to the fourth item indicate that those surveyed generally agree (72 percent) that the government should do more to help elders who cannot look after themselves. This part of the Midwest is often viewed as being quite traditional and conservative. None-the-less, these Middletowners do not seem to oppose government intervention when it comes to the welfare of elders who are having problems in their lives. Interestingly, those less than 65 are significantly more likely to agree with this item. Does this indicate that those who have not yet reached the status of "older adult" have more concern and trepidation about their future than those who are actually involved in the status and role?

Most of the sample agree overall (74 percent) that those who fail to report elder abuse should be fined or jailed. However, almost 79 percent are in agreement that abusers of elders should receive counseling and supervision rather than imprisonment. It appears that the "sin of omission" is seen as being more as deserves of punishment than is the "sin of commission." Perhaps the act of elder abuse and mistreatment is perceived as having understandable, while not justifiable, causes which should be therapeutically dealt with for the good of all concerned. On the other hand, failure to report may be seen as an inexcusable form of insensitivity and criminal neglect which deserves punishment. While age does not have any impact on difference of opinion, those over 65 do tend to be somewhat more predisposed to favor counseling.

With another item, one may note that a somewhat "libertarian" majority (55 percent) are in agreement that if they so choose, competent older individuals have the right to live with someone who abuses them. Age differences have no significant impact here.

When asked if troublesome and unreasonable older people bring abuse upon themselves, nearly 54 percent of those responding fundamentally disagreed; about 38 percent more or less agree with that statement. It appears that a substantial number of respondents sense that often, a victim may engage in behaviors which precipitate their abuse or victimization. This does not necessarily imply approbation but rather the harsh nature of reality. It was found that

those over 65 are significantly more likely to agree with the

item. It may be that older adults have a less idealistic view of some of their peers and are less likely to give a culturally acceptable response.

Some 84 percent expressed concensus that families should be willing to make financial sacrifices to place an older family member in a nursing home if they can't be cared for at home. Family responsibility and obligation would appear to be alive and well. Age had no impact on this viewpoint.

Forty-nine percent disagreed with the statement that social workers frequently interfere in family situations involving the elderly, when it is none of their business; conversely, nearly 34 percent were in agreement with that statement. Apparently, when the welfare of older adults is at question, a plurality of respondents do not see the social worker as an extraneous element or intruder who often exceeds their authority and tampers with the institution of the family when it is really not necessary. Those 65 and over are significantly more likely to AGREE with this item. It may be conjectured that older adults may have somewhat more traditional values and hence are more sensitive to interference by "outsiders" in the sacred institution of the family.

Finally, most of the sample (74 percent) feel that tax monies should be used to train police to deal more effectively with cases of elder abuse. It might parenthetically be hoped that this comes to pass in that parallel to our study last year, most people (62 percent) stated that if they knew of or suspected a case of elder abuse, they would report it to the police. It should be noted Indiana has a rather comprehensive Adult

Protective Services Law and a statewide 1-800 "hotline" for the reporting of abuse. Most people as of yet do not seem to be aware of this system.

CONCLUDING REMARKS

These above discussion indicates that Modern Middletowners express a rather wide variety of opinions and outlooks on the status and condition of older adults. In this paper, we only examined the possible influence of age on these perceptions; the age variable was dichotomized into less than 65, and 65 plus.

It was found that age did not play a consistent role in determining the respondents attitudes. Indeed, age played had no significant effect on a majority of the items examined.

One major objective is the perform a more detailed multivariate analysis in order to identify and refine the possible relationships which may be extant.

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Table 1
RESPONSES TO ITEMS DEALING WITH
CONCERNS ABOUT OLDER ADULTS

ITEM	Strongly Agree N	Strongly Agree %	Agree N	Agree %	Neutral N	Neutral %	Disagree N	Disagree %	Strongly Disagree N	Strongly Disagree %
During my lifetime, I expect to see more and more of my tax dollars spent on programs for the elderly. Do you:	91	22.0	239	57.7	19	4.6	60	14.5	5	1.2
I think it would be a highly frustrating job to provide long-term care for an elderly member of my family in my home. Do you:	94	23.0	170	41.7	26	6.4	93	22.8	25	6.1
Personally, I am more concerned about the problem of child abuse in our society than about the problem of elder abuse. Do you:	44	10.9	118	29.1	125	30.9	106	26.2	12	3.0
It is the obligation of the government to look after old people who cannot look after themselves. Do you:	83	20.3	211	51.6	30	7.3	74	18.1	11	2.7
Individuals who fail to report cases of elder abuse to the proper authorities should be fined or imprisoned. Do you:	95	23.0	211	51.1	41	9.9	62	15.0	4	1.0
Mentally competent elder persons have the right to choose to live with family members who abuse them. Do you:	24	6.0	200	49.8	30	7.5	126	31.3	22	5.5
In most cases of elder abuse by family members, the abusers should receive counseling and supervision rather than imprisonment. Do you:	65	15.9	247	60.2	34	8.3	53	12.9	4	2.7
I believe that families should be willing to make the necessary financial sacrifices to place elderly relatives in nursing homes when they cannot be adequately cared for at home. Do you:	98	23.8	234	56.9	26	6.3	48	11.7	5	1.2
Social workers frequently interfere with family situations involving the elderly which are none of their business. Do you:	38	10.4	89	24.3	61	16.7	156	42.6	22	6.0
Elderly persons who become troublesome and unreasonable tend to bring abuse upon themselves. Do you:	17	4.3	131	33.2	34	8.6	172	43.7	40	10.2
Taxes should be used for training programs for police so they can respond more effectively to cases of elder abuse. Do you:	51	12.8	244	61.2	51	12.8	46	11.5	7	1.8

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Table 2
SERIOUSNESS OF ELDER MISTREATMENT

ITEM	Very Serious N	Very Serious %	Somewhat Serious N	Somewhat Serious %	Not Sure N	Not Sure %	Not Too Serious N	Not Too Serious %	Not At All Serious N	Not At All Serious %
In your view, how serious is the problem of mistreatment of the elderly in Muncie and Delaware County? Is it:	23	5.5	118	28.4	159	38.2	93	22.4	23	5.5

Table 3
SERIOUSNESS OF TYPE OF ABUSE

ITEM	Spouse Abuse N	Spouse Abuse %	Elder Abuse N	Elder Abuse %	Child Abuse N	Child Abuse %	Spouse/ Child N	Spouse/ Child %	Elder/ Child N	Elder/ Child %	All 3 N	All 3 %	Not Sure N	Not Sure %
Which of the following would you say is the most serious problem in Muncie and Delaware County: Spouse abuse or mistreatment, elderly abuse or mistreatment, or child abuse or mistreatment?	63	15.1	9	2.2	232	55.5	20	4.8	5	1.2	24	5.7	61	14.6

Figure 1

From: Smith, Smith and Toseland. 1991, p. 18

Improving coping skills

Time management
Includes problems of the caregiver not having enough time for personal activities (e.g., "I don't have any space or personal time"). Problems inferring an inability to manage time or to be organized also belong here (e.g., "I need to find a way to be more organized").

Dealing with stress
Includes problems regarding coping with stress and anxiety, especially from caregiving (e.g., "I'd like to relax in bed and stop my mind from solving the world's problems").

Other coping mechanisms
Includes problems that emphasize caregiver's realization of the need to develop/use various coping mechanisms such as forebearance, assertiveness, sharing feelings and concerns over caregiving with others, enhancing personal control, and modeling peers (e.g., "I can't handle anything negative, I always try to ignore it").

Family issues

Regarding husband
Includes problems regarding such concerns as lack of time to spend with husband (e.g., "I want more time to play with Al"), motivating him to become more involved in caregiving (e.g., "I'd like to get my husband more involved with Mom's care"), and impact of caregiving on marriage (e.g., "The stress of caregiving is affecting my marriage").

Regarding siblings
Includes problems having to with both getting siblings to assume more responsibility in caregiving (e.g., "I need to be assertive with my older brother so that he'll help with my parents more") and caregiver's feelings of anger and resentment toward siblings (e.g., "Dealing with my resentment toward my sisters who are not helping on a regular basis").

Regarding caregiver's children
Includes problems focused on the impact or issues that caregiving has raised for caregiver's children (e.g., "I want to help our children understand Mom's dying process").

Responding to elder's care needs

Emotional/behavioral
Includes problems involving issues that are primarily psychological or behavioral in nature, such as dealing with elder's affect, cognitive problems, motivation, involvement in daily living tasks, and relationships with people other than the caregiver (e.g., "I would like to help her put some meaning back into her life, to stop living in the miserable past and to realize that she still has much to offer").

Physical/safety
Includes problems focused on elder's physical well-being and overall safety such as handling medical emergencies, concern over elder's physical limitations, etc. (e.g., "What should I do when Mom starts to hyperventilate?").

Legal/financial
Includes problems involving elder's legal and financial affairs (e.g., "How do I get power of attorney for my mother?").

Quality of relationship with elder

Includes problems of caregiver's feelings toward elder; the wish to avoid conflict with elder; elder's inability to respond to caregiver's needs; being the central figure in elder's life; and having quality communication with elder (e.g., "I must understand that Mom won't be there for me emotionally. I have to meet that need for myself").

Eliciting formal and informal support

Includes problems involving caregiver's recognition of the need for or attempt to get assistance with caregiving duties from sources including relatives other than spouse, respite services, and community services (e.g., "I want relief from the confinement I find myself in with the situation").

Guilt and feelings of inadequacy

Guilt
Includes problems regarding any expression of "guilt" whatsoever by the caregiver (e.g., "I want to be able to live my own life without guilt").

Feelings of inadequacy
Includes problems over caregiver's feelings relating to low self-esteem, lack of confidence, and lack of self-acceptance (e.g., "I feel inadequate and inferior. Whatever I do is wrong or it's not enough").

Long-term planning

Includes problems focused on planning for elder's future, including such issues as considering or applying for nursing homes, and discussions with elder or other family members about future arrangements (e.g., "I'd like to talk with Mother about possible changes in her care and living situation").

Figure 1. Description of pressing problem categories. These 14 categories were generated from the 134 problems listed by the entire sample of 51 clients.